

3rd Party Accident Consent Form

Name of 3rd Party Agent

Address Line

City, State Zip Code

Metro Nashville Police Department
Central Records Division
811 Anderson Lane, Suite 100
Madison, TN 37115

To Whom It May Concern,

I, _____, hereby affirm that I have been authorized, in
accordance with the supplied verification letter from _____
3rd Party Agent Insurance Company Name

to obtain copies of accident reports with no redactions from the Metro Nashville Police Department. I understand it is a Class B misdemeanor for a person to misrepresent that person's identity or make a false statement on any request submitted pursuant to Title 55, Chapter 10 of the Tennessee Code Annotated.

Sincerely,

Signature of Agent

Date

Governed by TCA 10-7-504 (a) (31)(B), TCA 55-25-107(b)(1)(6) and (9), and TCA 55-10-108(f)